

Dear Taxpayer,

The City of Bedford received one or more of the following tax documents in regards to (Name of Business/Person):

- Withholding payment
- > Net Profit Return
- > Extension Request
- Contractor Registration
- > Other

Attached is a Tax Questionnaire that will allow us to maintain accurate records. Please fill out the form and submit it to the City of Bedford Tax Department at your earliest convenience. All information is confidential and used for tax purposes only.

For more information on City Tax, please visit our website at www.bedfordoh.gov.

Thank You

City of Bedford

- Tax Department

49197

NEW BUSINESS TAX QUESTIONNAIRE

A.				Gene	eral In	forma	tio	n								
Full Name:	8															
Trade Name/ DBA:	Last/ Bu	siness						Firs	st				M.I.			
	(if differe	ent from abou	/e)													
Mailing Address	0/ / /	1.														
	Street A	aaress										Араі	tment/U	Init#		
	City			State								ZIP Code				
Location Address (if different from	8-															
above)	Street A	ddress									Apai	rtment/U	Init #			
	City									St	ate		ZIP	Code		
Contact Number:			T	ype: CE	LLO	OFFICE	□н	OME	⊒_Altei	nate F	hone	: _				
Email:	§													_	8	
Nature of Business:						ate Ope	eratio	ns in	Bedfore	d Bega	an:	-				
В.	Tax Inf	ormation	Perta	inina f	to Cit	of B	edf	ord	Incor	ne T	ay (nlv		公 長 第		
FID/SSN:	rax IIII		rofit Acc		latinate and	J No [200 1000	endar \	S 12.71	Section 1		Fiscal	Year E	nd 🗆	
If applicable, Month E	End (circle			1		3 4	5	6	199	8	9	10	11	12		
Net profit Form filed:		chedule C E] 8	Schedule	EΠ	11	208		1065	5 🗆	5294	Other:				
Withholding Account:	Ye	s□ No□	If y	es, How	are filin	gs remit	ted:			Q	uarte	rly 🗆	Month	ly 🗆		
Courtesy Withholding	J:	Yes□ N	Ιο 🗆	If yes,	see se	ction C			,\ <u>\</u>							
Please review t	he change.	s regarding wil	hholding	— due dates	/ filings	& the nev	v pen	alty ar	nd intere	st fees	availa	ble at <u>u</u>	ww.bed	fordoh.ge	<u>ov</u>	
	323															
Accountant:																
	Name Contact Number															
Payroll Records:	S. Carrier															
	Name					Conta	act N	umbe	r							
C.			Courte	sv Wit	thhol	lina E	mp	love	e (s)		i Gui		MARCH ST	7450	1800	
Approximate Number of Employees in Bedford:					Withholding Employee (s) Provide information Below											
Employee Name:		SSN		,	Bedford Address											
92		· · · · · · · · · · · · · · · · · · ·														

For additional space, you may use back of form, or submit alternative documents